QUALITY DEFICIENCY RECORD	1. DATE *(YYMMDD)*	2. REFERENCE NUMBER
TO *(Contractor)***:**	**FROM** *(Quality Assurance Representative)***:**	

3. THE FOLLOWING DISCREPANCY*(IES)* REQUIRE CORRECTIVE ACTION AS TO THE CORRECTION OF DEFECT*(S)* AND THE CORRECTION OF THE CAUSE*(S)*, INCLUDE A DESCRIPTION OF THE:

    A. ROOT CAUSE OF THE DEFICIENCY.
    B. ACTION TAKEN TO CORRECT THE SPECIFIC DEFICIENCY.
    C. ACTION TAKEN TO CORRECT AND PREVENT RECURRENCE OF ROOT CAUSE OF DEFICIENCY.
    D. ACTION TAKEN TO DETERMINE IF OTHER PRODUCT IS AFFECTED BY THE SAME OR SIMILAR DEFICIENCY AND ACTION TAKEN REGARDING SUSCEPTIBLE PRODUCT.

    E. ACTION TAKEN TO CORRECT THE WEAKNESS WHICH ALLOWED DEFICIENT PRODUCT TO BE PRESENTED TO THE GOVERNMENT FOR ACCEPTANCE.
    F. TARGET DATES FOR IMPLEMENTATION OF IDENTIFIED CORRECTIVE ACTION.

3A. THIS DISCREPANCY WILL AFFECT PRODUCTION SCHEDULES *(If "YES" is checked, send copy to production element)*

    ☐ YES   ☐ NO

4. IT IS REQUESTED THAT A REPLY AS TO CORRECTIVE ACTION TAKEN BE SUBMITTED WITHIN _____ DAYS OF THE ABOVE DATE. IN THE EVENT CORRECTIVE ACTION CANNOT BE FINALIZED BY THAT DATE, REQUEST DATE SAME WILL BE CONCLUDED. THE REVERSE SIDE OF THIS FORM MAY BE USED FOR YOUR REPLY. PLEASE REFER TO THE ABOVE REFERENCE NUMBER IF SEPARATE COMMUNICATION IS USED.

                                              SIGNATURE OF REQUESTOR

DD Form 1715, MAR 83 (EG)   EDITION OF 1 JUL 76 MAY BE USED UNTIL EXHAUSTED.   Designed using Perform Pro, WHS/DIOR, Oct 94

5. CONTRACTOR'S REPLY *(QAR will attach separate reply to file copy of this form) (YYMMDD)*

5A. TYPED OR PRINTED NAME OF CONTRACTOR REPRESENTATIVE *(Last, First, MI)*	5B. SIGNATURE	5C. DATE *(YYMMDD)*

6. STATEMENT OF VERIFICATION AND EVALUATION OF CONTRACTOR'S ACTION *(To be completed by Quality Assurance Representative)*:

6A. TYPED OR PRINTED NAME OF Q.A.R. *(Last, First, MI)*	6B. SIGNATURE	6C. DATE *(YYMMDD)*

7. STATEMENT OF FOLLOW-UP ACTION, WHEN NECESSARY

DD Form 1715 Reverse, MAR 83